

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
REQUEST FOR TERMINAL ACCESS AND OTHER ACTIVITIES

CONFIDENTIAL INFORMATION

I. USER INFORMATION ☒ **NON-DES EMPLOYEE**

NAME (<i>Last, First, M.I.</i>)		SOC SEC NO	SITE CODE	PHONE NO. () -	
PHYSICAL WORK LOCATION (<i>No., Street, City, State, ZIP</i>)		TITLE/JOB DESCRIPTION Contracted Support Coordinator (Case Manager)			
ORGANIZATION NAME	DIVISION/DEPARTMENT DES/DDD		UNIT	EMPLOYEE'S EMAIL ADDRESS	

II. ACCESS ☐ **ADD NEW USER** ☐ **ADDITIONAL ACCESS** ☐ **REMOVE ACCESS** ☐ **TERMINATE ALL ACCESS**

Start date - -

End date - -

<input checked="" type="checkbox"/> CICS3 (<i>Production</i>)	ASSISTS	SERVER ID	PRINTER ID
<input checked="" type="checkbox"/> LAN/WAN	LAN ACCOUNT AND RIMS ACCESS		
<input checked="" type="checkbox"/> OTHER	EMAIL		

III. SUPERVISOR'S SIGNATURE

DATE

- -

SUPERVISOR'S NAME (*Print name*)

PHONE NO.

() -

ORGANIZATION NAME

ADDRESS (*No., Street, City, State*)

(ZIP)

IV. DES SECURITY ANALYST USE ONLY

LOGON	OPID	UID	CICS/TSO ACCOUNT
COMMENTS			
DATE ACTION COMPLETED - -	DSA/PSA'S NAME	DATE ACTION COMPLETED - -	DSA/PSA'S NAME

EXTERNAL EFORM

Retention: Three years after termination. Follow Confidential Disposal Regulations.

Equal Opportunity Employer/Program

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